

Chapter 54 of the Acts of 2000

AN ACT RELATIVE TO THE EMERGENCY MEDICAL SERVICES SYSTEM.

Whereas , The deferred operation of this act would tend to defeat its purpose, which is to improve forthwith the emergency medical services system, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The general court finds and declares:

(1) it is in the public interest to promote a statewide, community-based EMS system that reduces premature death and disability from acute illness and injury through the coordination of local and regional emergency medical services resources throughout the continuum of care;

(2) the efficient and effective coordination of emergency medical services communications systems, personnel, equipment and facilities, at the scene, on the way to and within health care facilities, ensures the success of the emergency medical services system in preventing loss of life and reducing disability from illness and injury;

(3) the mission of the department of public health is to improve the health status of residents of the commonwealth and the emergency medical services system improvements authorized by this act provide for statewide access for all persons, residents and visitors, to an emergency medical services system that maintains high uniform standards of care and ensures the best possible patient outcomes;

(4) an emergency medical services system includes public sector and private sector providers certified, licensed, approved or designated by the department of public health to provide specific services, subject to established standards for such services, including, without limitation, facilities, equipment and staff qualifications, and standards for communications, medical direction and control, triage, data collection and system evaluation;

(5) uniform statewide emergency medical services standards should be established by the department of public health, in a community-based consensus building process, after consideration of the relevant standards established by nationally recognized agencies and organizations and enforced by such department;

(6) the emergency medical services system should be coordinated with and inclusive of other emergency response systems, including, without limitation, police departments, fire departments, the statewide emergency telecommunications board and the Massachusetts emergency management agency; and

(7) the emergency medical services system should ensure that the special needs of children and other special populations are recognized and provided for as an integral part of the system.

CHAPTER 111C.

EMERGENCY MEDICAL SERVICES SYSTEM.

Section 1. (a) For the purpose of this chapter the following words shall, unless the context requires otherwise, have the following meaning:-

"Ambulance", any aircraft, boat, motor vehicle or any other means of transportation, however named, whether privately or publicly owned, which is intended to be used for, and is maintained and operated for, the response to and the transportation of sick or injured individuals.

"Ambulance service", the business or regular activity, whether for profit or not, of providing emergency medical services, emergency response, primary ambulance response, pre-hospital emergency medical care, with or without transportation, of sick or injured individuals by ambulance.

"Board", the emergency medical services system advisory board established under section 13.

"Commissioner", the commissioner of public health.

"Department", the department of public health.

"Emergency", a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by the individual, a bystander or an emergency medical services provider.

"Emergency medical services", the pre-hospital assessment and treatment and other services utilized in responding to an emergency or provided during the transport of patients to appropriate health care facilities as defined in regulations promulgated by the department.

"EMS", emergency medical services.

"EMS first responder", a person who has, at a minimum, successfully completed a course in emergency medical care approved by the department pursuant to section 201 of chapter 111 and who provides emergency medical care through employment by or in association with an EMS first response service.

"EMS first response", the dispatch and response of the closest, most appropriate EMS personnel or EMS vehicle in the shortest practicable amount of time by a qualified EMS first response service.

"EMS first response service", the business or regular activity, whether for profit or not, by a qualified EMS provider, designated as a service zone provider for the purpose of providing rapid response and EMS.

"EMS first response vehicle", any aircraft, boat, motor vehicle or any other means of transportation, whether privately or publicly owned, which is intended and is maintained and operated for the rapid response of EMS personnel, equipment and supplies to emergencies by an EMS first response service or by an ambulance service and is not utilized for patient transport.

"EMS personnel", EMS first responders and emergency medical technicians.

"EMS plan", a plan that includes an inventory and assessment of EMS resources and a plan for the optimal maintenance, coordination and utilization of those resources (i) to improve the EMS system and its component elements, and (ii) to coordinate with all state and municipal public safety agencies' mass casualty and other public emergency plans.

"EMS provider", an EMS first response service, an ambulance service, a hospital including, without limitation, a trauma center or any individual associated with an EMS first response service, an ambulance service or a hospital engaged in providing EMS, including, without limitation, an EMS first responder, a medical communications system operator, an emergency medical technician and a medical control physician, to the extent such physician provides EMS.

"EMS system", all EMS providers including, without limitation, personnel, EMS first response services, ambulance services, hospitals, including, without limitation, trauma center and equipment; communications systems linking them to each other; training and education programs; the regional EMS councils and all of their operations; EMS plans, protocols, statutes, regulations and guidelines; and all other components of such system, and their interaction with each other and with patients, providing equally for all patients to quality care, operating under the leadership and direction of the department, as more specifically described in section 2.

"EMS vehicle", an EMS first response vehicle or an ambulance.

"Emergency medical technician" or "EMT", a person who has successfully completed a course in emergency medical care, approved by the department or offered by an accredited course sponsor, and who is certified by the department. The term "emergency medical technician" shall include EMT-Basic, EMT-Intermediate and EMT-Paramedic.

"Emergency response", the dispatch and response of the closest appropriate ambulance, EMS personnel and other EMS vehicle to an emergency in the shortest practicable amount of time in conformance with the service zone plan.

"Hospital", a hospital licensed or certified by the department pursuant to section 51 of chapter 111 or other applicable law, with an emergency department, and the teaching hospital of the University of Massachusetts Medical School.

"Local jurisdiction", an entity empowered by the legislative body within a city, town, fire district or water district to select service zone providers, including, but not limited to, a city council, board of selectmen, board of aldermen, mayor, or town manager.

"Medical control", the clinical oversight by a qualified physician to all components of the EMS system, including, without limitation, treatment protocols, medical direction, training of and authorization to practice for EMS personnel, quality assurance and continuous quality improvement.

"Medical direction", the authorization for treatment established in statewide EMS treatment protocols provided by a qualified medical control physician to EMS personnel whether on-line, via direct communication or telecommunication, or off-line via standing orders.

"Person", an individual, an entity or an agency or political subdivision of the commonwealth.

"Primary ambulance response", first line ambulance response, pre-hospital treatment and transportation by an ambulance service selected and designated by a local jurisdiction as a service zone provider pursuant to section 10.

"Primary ambulance service", the business or regular activity, whether for profit or not, by a qualified ambulance service, designated by a local jurisdiction for the purpose of providing rapid response and pre-hospital EMS, including, without limitation, patient assessment, patient treatment, patient preparation for transport and patient transport to appropriate health care facilities, in conformance with the service zone plan as defined in section 10.

"Region", a geographic area of the state defined by the department in regulation as an EMS planning area.

"Regional EMS council", an entity created under section 4.

"Service", an EMS first response service or an ambulance service.

"Service zone", a geographic area defined by and comprised of one or more local jurisdictions, in which a local jurisdiction may select and the department shall designate an EMS first response service and an ambulance service to provide EMS first response and primary ambulance response to the public within that defined geographic area, pursuant to section 10.

"Service zone provider", EMS provider, selected by a local jurisdiction and designated by the department to provide primary ambulance service or EMS first response, or both, to the public within a service zone, pursuant to section 10. A service zone provider shall be staffed and equipped to be available for primary ambulance service or EMS first response 24 hours a day, seven days a week.

"Special population", any person or group of persons with unique medical, physical or social problems that require other than customary emergency medical care.

(b) The department shall promulgate rules and regulations to carry out the provisions of this chapter and may further define in such rules and regulations any term used in this chapter; provided, however, that such definition is not contrary to a provision of the General Laws.

Section 2. The department, with the assistance of interested parties that are part of the state's EMS system, including, without limitation, the regional EMS councils, shall plan, guide and coordinate programs to ensure that the state's EMS system shall:

(1) provide necessary EMS, using appropriate elements of the EMS system, to ensure adequate and appropriate EMS for all persons requiring the services, including, without limitation, all special populations, as an integral part of the EMS system, ensuring that the special needs of children and other special populations are recognized and provided for, and that services meeting their needs are integrated into the EMS system;

(2) include an adequate number of EMS personnel with appropriate training and experience;

(3) include an adequate number of EMS vehicles of appropriate types to meet the individual characteristics of the various regions such that:

(i) the EMS vehicles meet criteria relating to location, design, performance and equipment; and

(ii) all operators and other EMS personnel staffing the EMS vehicles meet appropriate training requirements;

(4) include an adequate number of accessible hospitals which:

(i) are collectively capable of providing an optimal level of EMS on a continual basis;

(ii) have appropriate capabilities categorized by type or scope of service;

(iii) meet appropriate standards relating to capacity, location, personnel and equipment;

(iv) are coordinated with other hospitals; and

(v) are integrated into the state's EMS system, provided that nothing in paragraph (4) shall be construed to authorize any licensure requirements or prerequisites not explicitly authorized by other statutory authority;

(5) provide for access, including appropriate transportation, to appropriate health care facilities as defined in regulations promulgated by the department, including, without limitation, trauma centers, in each region or, if there are no centers or an inadequate number of centers in a region, provide for access to the centers in neighboring regions in accordance with applicable regulations;

(6) provide, as necessary, for timely inter-facility transportation of patients to hospitals, and to other facilities or programs which offer follow-up care and rehabilitation, in order to optimize utilization of available facilities;

(7) provide for the effective utilization of the appropriate personnel, facilities and equipment of each entity providing EMS;

(8) join EMS providers, facilities, EMS vehicles and equipment, coordinated by a statewide communication system, which system shall include a 911 access subsystem, an EMS response subsystem and a medical communications subsystem, developed by the department in conjunction with the board, the statewide emergency telecommunications board and other appropriate agencies, so that requests for EMS will be handled by communications facilities which:

(i) utilize emergency telecommunications screening to determine the appropriate EMS response and to provide pre-arrival instructions to callers;

(ii) are accessible to the general public through a commonly known emergency telephone number and, where feasible, the universal emergency telephone number 911; and

(iii) will have direct communications with the appropriate EMS personnel, emergency medical services vehicles and equipment of the EMS system;

(9) provide for a medical communications subsystem within the statewide EMS communications system, to provide without limitation:

(i) EMS-vehicles-to-hospital communications linkage;

(ii) on-line medical direction;

(iii) mass casualty incident resource management; and

(iv) inter-agency coordination;

(10) provide for continuous training for its EMS personnel, including clinical training and continuing education programs, which are coordinated with other programs which provide similar training and education;

(11) provide for planning and coordination and implementation of planning and coordination to ensure that the EMS system in each region will be capable of providing coordinated EMS in that region during mass casualty incidents, natural disasters, mass meetings and other large scale events and declared states of emergency. Each such plan shall address, at a minimum, uniform terminology; training requirements; interaction and integration with other relevant local, state and federal agencies and health care providers; and transportation to health care facilities that can provide definitive care;

(12) provide for programs of public education, information and prevention in each region taking into account the needs of residents of and visitors to that region to prevent illness and injury and to know means of obtaining EMS and such programs shall also take into account the health status of each region;

(13) provide for a standardized patient data collection system which covers all phases of the EMS system. This system shall include, but shall not be limited to, information needed to review access, availability, quality, cost and third party reimbursement for EMS;

(14) provide for:

(i) periodic comprehensive review and evaluation of the EMS provided in each region, including, without limitation, annual reports by each regional EMS council which reports shall include the projected costs of performing the services in each region pursuant to this chapter;

(ii) submission to the department of the reports of such review and evaluation;

(15) provide for the services and equipment necessary to ensure adequate and appropriate EMS for all persons requiring the services including, without limitation, children and other special populations and integrate such services and equipment into the statewide EMS system.

Section 3. (a) It shall be the duty of the department to plan, guide, assist, coordinate and regulate the development of a unified statewide EMS system and to coordinate the system with similar systems in neighboring states.

(b) The department shall be the state lead agency for EMS in this state. The department shall have authority to:

(1) direct and coordinate a program for planning, developing, maintaining, expanding, improving and upgrading the state EMS system and its component elements;

(2) establish minimum standards and criteria for all elements of the EMS system, taking into consideration relevant standards and criteria developed or adopted by nationally recognized agencies or organizations, and the recommendations of interested parties that are part of the state's EMS system, including, without limitation, the regional EMS councils;

- (3) establish minimum standards for the examination and certification of appropriate EMS personnel, including, without limitation, EMS first responders and emergency medical technicians in accordance with section 9, but excluding physicians;
- (4) establish minimum standards for, inspect and certify, as appropriate, EMS vehicles in accordance with section 7;
- (5) establish minimum standards for, inspect and license, as appropriate, emergency medical first response services and ambulance services in accordance with section 6;
- (6) develop and implement a state EMS plan, in consultation with the regional councils, which plan shall address the distribution of all elements of the EMS system in the state, so that quality EMS shall be reasonably available to all residents of the commonwealth at the lowest aggregate reasonable cost and update said plan at least once every three years;
- (7) establish minimum standards for and designate regional EMS councils in accordance with section 4;
- (8) develop statewide coordinated trauma care systems, and establish minimum standards for and designate trauma centers, in accordance with section 11 and regulations promulgated pursuant to this chapter;
- (9) integrate all designated trauma centers into the EMS system;
- (10) investigate complaints related to the delivery of services by trauma centers, take appropriate action in accordance with this chapter and refer complaints to other agencies and organizations, as appropriate;
- (11) collect and maintain data, including statistics on mortality and morbidity of trauma victims, including but not limited to, information needed to review access, availability, quality, cost and third party reimbursement for EMS, and coordinate and perform such data collection in conjunction with other data collection activities;
- (12) establish standards for the design and implementation of studies of any aspect of the EMS system to be conducted by or on behalf of regional EMS councils;
- (13) establish minimum standards for training, including, without limitation, pediatric training and other special population training, of EMS personnel, including, without limitation, medical communications system operators, call takers and dispatchers; provided, however, that standards for training of call takers and dispatchers shall be established in conjunction with the statewide emergency telecommunications board;
- (14) define and approve training programs and instructors and accredit course sponsors for EMS training of EMS personnel;
- (15) require the collection and maintenance of standardized patient data and information by services licensed under section 6, which services shall ensure that the responding personnel will complete a summary for each call to which they respond containing such information and on such forms as prescribed by the

department, and shall make such summaries available to receiving facilities, the appropriate regional EMS council and the department in a timely manner and in reasonable detail;

(16) establish standards and criteria governing the award and administration of contracts under this chapter;

(17) administer contracts authorized under this chapter and grants awarded pertaining to EMS;

(18) ensure that every service shall have access to qualified medical control and medical direction;

(19) provide technical assistance to local governments, EMS providers and other persons, for the purpose of ensuring effective planning and execution of programs under this chapter;

(20) maintain a continuous quality improvement program for all elements of the EMS system;

(21) establish fees for the issuance and renewal of certifications, licenses, certificates of inspection, designations and any other approvals issued under this chapter;

(22) inspect at any time any equipment, supplies, facilities and records maintained by or in connection with any EMS provider; provided, however, that a license, certificate, designation or other approval has been issued, or an application therefor has been filed, for such EMS provider;

(23) develop and implement a comprehensive statewide EMS communications plan and system, coordinating regional EMS councils regional plans and systems, in cooperation with other agencies having concurrent jurisdiction;

(24) subject to the provisions of section 6, promulgate rules and regulations regarding adequate insurance coverage for licensed services and for operators and attendants of certified emergency medical services vehicles;

(25) make rules, regulations, guidelines and orders, and delegate authority to its divisions, employees and agents, and to regional EMS councils, as may be necessary or appropriate to carry out the provisions of this chapter;

(26) take any other action consistent with its role as state lead agency for EMS.

(c) The board shall be provided a reasonable opportunity to review and make recommendations on all rules, regulations, guidelines, standards and criteria under this chapter before the department may establish such rules, regulations, guidelines, standards or criteria.

Section 4. (a) Regional EMS councils shall assist and support the department in carrying out the provisions of this chapter and in developing and implementing the state and regional EMS plans, by planning, guiding and coordinating the components of the EMS system serving their regions.

(b) The department shall designate one regional EMS council in each region of the state and may deny, revoke, refuse to renew or suspend such designation for good cause shown. Each regional EMS council shall consist of, but shall not be limited to, at least ten persons, one of whom shall represent local government,

one of whom shall be designated by a hospital, one of whom shall be designated by a fire suppression service, one of whom shall be designated by a law enforcement agency, one of whom shall be designated by a primary ambulance service, one of whom is a licensed physician with regular and frequent involvement in the provision of emergency care, one of whom shall be a nurse involved in emergency medical care, one of whom shall be an emergency medical technician, one of whom shall be a consumer and one of whom shall be designated by an EMS first response service. No regional EMS council shall consist of more than 35 members. Each regional EMS council shall plan, implement and evaluate the EMS system in its region in accordance with the provisions of its contract with the department, this chapter and the regulations, guidelines and policies of the department. Each regional EMS council designated by the department as of May 1, 1994 shall be designated by the department as such, subject to such reasonable conditions, consistent with this chapter and regulations promulgated hereunder, as the department may impose.

(c) Each regional EMS council shall:

- (1) assist the department in establishing, coordinating, maintaining and improving the EMS system described in this chapter, including, without limitation, the statewide communication system described in paragraph (8) of section 2;
- (2) assist the department in the collection and maintenance of data and information concerning the EMS system;
- (3) prepare and carry out its regional EMS plan, the initial plan of which shall be completed no later than one year after the completion of the initial state emergency medical services plan, and updated at least once every three years or, if the state plan is updated more frequently, as frequently as the state plan is updated; each regional EMS plan shall be consistent with the state EMS plan, although it may reflect regional differences; each regional EMS system plan shall include, without limitation, a trauma plan consisting of, at a minimum, trauma point of entry guidelines and scene triage criteria;
- (4) make reasonable effort to ensure the availability of training programs for EMS personnel under section 9;
- (5) provide necessary and reasonable staff services and appropriate and convenient office facilities that can serve as a regional location for its planning, development, maintenance, coordination and evaluation functions;
- (6) establish mechanisms to provide for input from local EMS providers, basic life support and advanced life support pre-hospital providers and hospital providers, cities and towns, and consumers in its decisions in a fair and equitable manner, including, without limitation, membership on its governing body;
- (7) perform other related functions as may be reasonably established by the department.

Section 5. (a) The department shall enter into contracts with each of the regional EMS councils for the purposes set forth in section 4 in the form established by the department, and may enter into contracts with other entities for the planning, initiation, maintenance, development, expansion, improvement, coordination and evaluation of elements of the EMS system, in accordance with this chapter.

(b) If a contract is entered into under this section with a regional EMS council, no other contract may be entered into under this section with any other regional

EMS council for the term thereof for the same region or for a region which includes, in whole or substantial part, such region.

(c) Contracts under this section may only be used for the funding of necessary, reasonable and appropriate costs.

(d) The contract amount payable annually by the department to each regional EMS council shall be determined according to a formula promulgated as a regulation by the department that takes into account the similarities and differences among the regions.

(e) All recipients of contracts under this section shall make reports to the department as may be required by the department.

(f) No contract may be made under this section unless an application has been submitted to the department in the form prescribed by the department and the applicant satisfies the criteria for contract award established by the department.

(g) The department shall provide technical assistance, as appropriate, to regional EMS councils and to other eligible entities as necessary for the purpose of their carrying out the provisions of contracts under this section.

(h) Payments pursuant to contracts under this section may be made in advance or by way of reimbursement and in such installments and on such conditions as the department determines will most effectively carry out the provisions of this chapter; provided, however, that payments pursuant to contracts under this section with regional EMS councils shall be made annually.

Section 6. (a) Any person who proposes to establish or maintain an EMS first response service or an ambulance service shall file an application with the department, containing such information as the department may require, including, without limitation, the identity of the applicant, and any parent or affiliated entity, the level of service proposed and the number of emergency medical services vehicles for which application is made.

(b) Upon receipt and review of an application for a license, the department shall issue a license if it finds that the applicant is responsible and suitable to establish or maintain the proposed service and meets such requirements as the department may establish by regulation for a service license. Such requirements shall include, without limitation, the responsibility to dispatch EMS personnel and vehicles and transport patients to the appropriate hospital or other health care facility as necessary, and to participate in the local, regional and state EMS system. No original or renewal license shall be issued under this subsection, except in the case of a service owned or operated by an agency or political subdivision of the commonwealth, unless the applicant has received and there is in effect a contract of insurance conforming to the regulations promulgated by the department, subject to chapter 175.

(c) In the case of a renewal application, the department may, subject to such regulations as it may promulgate, issue a provisional license to an applicant that does not meet the requirements under this section; provided, however, that the applicant has demonstrated to the department's satisfaction a good faith intention to meet such requirements; and, provided further, that the department finds that the applicant provides adequate emergency medical care and evidences a potential for full licensure within a reasonable period, not to exceed six months. The department, however, shall in no case issue a person more

than two consecutive provisional licenses for the same service.

(d) The department shall set forth in every license which it issues under this section the name and address of the person to whom such license is issued, the period for which such license is issued, the classification or level of service, if any, for which such license is issued, the number and classification of EMS vehicles to be operated under the license, the conditions as to transfer and assignment prescribed by law, and such other terms of issuance as the department may, in the public interest, prescribe as necessary or appropriate. The department shall fix the period of a provisional license for no more than six months, and it shall fix the period of a full license for no more than 24 months.

(e) A complete renewal application properly filed with the department shall have the effect of a license, on all the same terms and conditions as the previously issued license, until the department acts on the application.

Section 7. Prior to issuing a license under section 6, the department may conduct an inspection of EMS vehicles to be listed in such license. Each person to whom a license is issued shall be entitled to a certificate of inspection for each such EMS vehicle upon proof that the EMS vehicle is in compliance with such requirements as the department may establish by regulation for a certificate of inspection. Each certificate shall be valid only for the vehicle for which it is issued and to the service for which it is issued, and shall not continue in force after the expiration or transfer of the license under which it is issued; provided, however, that if a complete renewal application is properly filed with the department, then each certificate issued in connection with the previously issued license shall continue in force until the department acts on the application. Each service issued a certificate of inspection shall cause such certificate to be displayed in such emergency medical services vehicle in such manner as the department may prescribe by regulation.

Section 8. (a) Any service seeking to modify any term of its license, including, without limitation, changing its number of certified EMS vehicles, changing its level of service, or adding or deleting places of business from which advanced life support services are provided, shall file a request in writing with the department. The department shall not grant such request unless it finds that the modification requested is in the public interest, and in the case of modification involving a substantial change in the nature and scope of the service, that such change serves a need for emergency medical care. A service may file a request for license modification as part of a renewal application under section 6, and the department shall consider, and act upon, such request and the application at the same time.

(b) No service shall abandon the license issued to it. No service shall cease operations other than temporarily, in the ordinary course of business, without surrendering its license to the department. No service shall transfer or assign in any manner, voluntarily, or involuntarily, directly or indirectly, or by transfer of control of any asset or any equity interest in any entity, the license issued to it, or any rights thereunder, without first obtaining the department's written permission upon application to the department. Every application shall contain such information as the department may require and shall be disposed of in a timely manner. The department shall grant written permission only if the department finds that transferee or assignee is responsible and suitable to maintain a service and meets such requirements as the department has established by regulation for a license. Every denial order shall include a statement of the reasons

for denial and the provisions of law relied upon, and shall be subject to judicial review through a petition for a writ of certiorari brought within 30 days under section 4 of chapter 249. Any transfer or assignment in violation of this section shall be void.

Section 9. (a) No person shall provide EMS or hold oneself out as, or use the title of EMS first responder, basic or intermediate emergency medical technician or paramedic, or the acronym EMT, or any other title or acronym used by the department in the certification of EMS personnel under this chapter, unless such person has successfully completed the appropriate course in emergency medical care approved by the department pursuant to this chapter or offered by a course sponsor accredited by the department pursuant to this chapter, or has received the appropriate training in the provision of emergency medical care which, subject to such regulations as the department may establish, the department finds to be substantially equivalent to that provided by the equivalent full courses in emergency medical care approved by the department pursuant to this chapter or offered by a course sponsor accredited by the department pursuant to this chapter, and unless in each year following completion of such course such person participates satisfactorily in an appropriate supplemental course in emergency medical care approved by the department pursuant to this chapter; provided, however, that the department may, under such regulations as it may establish, grant a temporary waiver of such requirements; and provided, further, that the department may, under such regulations as it may establish, issue provisional certification to a person who has applied to the department for a finding of substantial equivalency under this section, which provisional certification shall be valid until the department rules on such application. The department shall certify or approve EMS personnel who have successfully completed such course or such substantial equivalent in emergency medical care as an EMS first responder or as an emergency medical technician. Notwithstanding the requirements listed above, additional personnel, beyond the minimum staffing requirements for EMS vehicles established by regulation, may function on an EMS vehicle in a capacity defined in regulation. Additional personnel may be exempt from the full course in emergency medical care required by the department for EMS first responder and emergency medical technician certification; provided, however, that they fulfill all training and other requirements for additional personnel that the department shall establish by regulation.

(b) No person shall advertise by any means, including, without limitation, signs or symbols on an EMS vehicle, that he operates or maintains an EMS first response service or an ambulance service unless the service is licensed and the EMS vehicles and personnel are certified as required by this chapter. No EMS first response service or ambulance service shall engage in any advertising which is deceptive or misleading to the public or for services other than those for which the service is licensed, and for which its EMS vehicles and personnel are certified.

Section 10. (a) Each regional EMS council shall, subject to the approval of the department, adopt a service zone plan that identifies, coordinates and makes optimal use of all available EMS resources within each service zone. Each such plan shall be developed by the local jurisdiction, shall provide for emergency response, and shall be in accordance with all federal, state and local laws and regulations related to incident command and control during emergency response. Each service zone plan shall include, without limitation, the following:

(1) a current list of service zones within the region and the service zone providers selected by the local jurisdiction within those zones;

(2) current inventories of EMS providers and resources and public safety resources within each service zone, including, without limitation, service zone providers, selection criteria as defined in paragraph (3), EMS personnel, local capability for call-taking, dispatch, first response, ambulance service, level EMT-Basic, EMT-Intermediate or EMT-Paramedic services, medical control and facility destinations;

(3) a selection process, to be carried out by a local jurisdiction whenever a local jurisdiction within a service zone proposes an upgrade in level of service that a service zone provider is unable to provide or whenever a downgrade of a service zone's level of services is proposed or effected, including, without limitation, selection criteria, to be used by service zones within the region in selecting a service zone provider. Selection criteria may vary among service zones, but shall include, without limitation, standards concerning response time, staffing requirements, deployment of resources, adequate backup, level of service, medical control, facility destinations and other factors promoting the optimal utilization of all available EMS resources;

(4) coordination of first responder services within service zones; and

(5) coordination of EMS first response, primary ambulance response and all other ambulance service, including, without limitation, private provider contracts, within each service zone, with such zone's service zone providers, to ensure an appropriate emergency response to all emergencies.

(b) Each regional EMS council, upon the recommendation of the local jurisdiction comprising each service zone, shall recommend that the department designate, and the department shall designate, upon such recommendation, service zone providers, that include one or more EMS first response services and one primary ambulance service recommended by such local jurisdiction.

(c) Each primary ambulance service shall provide primary ambulance response for every emergency call for EMS originating within its service zone either directly, or through agreements with other qualified ambulance services, in order to meet the standards for primary ambulance response established by the service zone.

(d) No ambulance service shall provide primary ambulance response in a service zone, unless it is the designated primary ambulance service, or is acting pursuant to an appropriate agreement with the primary ambulance service, consistent with the service zone plan.

Section 11. (a) The department shall develop a statewide coordinated trauma care system. At a minimum, the department, by regulation and guideline, shall provide for (1) the designation of trauma centers at various levels; (2) policies, including, without limitation, pre-hospital triage, treatment and transportation and transfer policies for trauma for both children and adults; and (3) coordination of pediatric and adult trauma care among all hospitals, EMS first response and ambulance services within each region and, as appropriate, across geographic areas. In promulgating regulations and guidelines under this section, the department shall also consider current guidelines adopted by the American College of Surgeons Committee on Trauma and the American College of Emergency Physicians or promulgated by the federal government.

(b) The regulations and guidelines shall include, at a minimum:

(1) pre-hospital care management guidelines for triage and transportation of pediatric and adult trauma patients consistent with trauma plans prepared in accordance with paragraph (3) of subsection (c) of section 4;

(2) requirements that trauma centers shall provide an appropriate level of quality of care to trauma patients referred to the centers and standards for the assessment of the quality of care;

(3) minimum requirements for resources and equipment needed by a trauma center to treat pediatric and adult trauma patients;

(4) standards for the availability and requisite qualifications of the health care personnel, including, without limitation, physicians and nurses, treating pediatric and adult trauma patients within a center;

(5) requirements for a trauma registry data collection system, including, without limitation, patient origin, trauma incidence reporting, system operation, and patient outcome; and

(6) requirements for periodic performance evaluation of the system and its components.

(c) The department shall develop and maintain a trauma registry reporting and analysis system which shall at a minimum:

(1) identify pediatric and adult trauma patients discharged from each hospital in this state by relevant characteristics, including, without limitation, age and cause of and level of severity of injury, as defined by the department;

(2) identify the total amount of trauma care expenditures made each fiscal year by each hospital or other health care facility in this state, aggregated or desegregated in reasonable detail; and

(3) require the reporting and analysis of patient, diagnosis, treatment, facility and other reasonably detailed trauma care information by each hospital in the commonwealth; provided, however the department may not require that a hospital report to the department any data under this section that the hospital otherwise reports to the commonwealth or any of its agencies and that is reasonably available to the department.

(d) A hospital may apply to the department for designation as a trauma center, and the department shall grant the designation if the hospital meets the requirements for trauma system participation and designation prescribed by regulation.

(e) After 18 months following the effective date of this chapter, a health care facility may not use the terms "trauma facility", "trauma center", or similar terminology in its signs or advertisements or in the printed materials and information it provides to the public unless it is a hospital that has been designated as a trauma center under this chapter.

(f) The department may deny, suspend, or revoke a hospital's designation as a trauma center if the hospital fails to comply with this section or the regulations adopted under it.

Section 12. (a) The commissioner shall appoint a state medical director, who shall serve at the pleasure of the commissioner, and who shall be a qualified

emergency physician. The department may establish additional qualifications for the position of state medical director by regulation. The duties and responsibilities of the state medical director shall be to:

(1) provide clinical oversight for the state's EMS system assuring that adequate and appropriate attention is paid to the special needs of children and other special populations;

(2) advise the department on clinical standards and protocols, qualifications of EMS personnel to operate under medical direction, and statewide on-line and off-line pre-hospital treatment protocols;

(3) establish and lead a continuous quality improvement system for the clinical aspects of the state's EMS system, including, without limitation, a system of case reviews to be conducted by medical peer review committees established for the purpose of reviewing EMS;

(4) provide other related services as may be required by the department from time to time.

(b) Each regional EMS council shall appoint a regional medical director, who shall be a qualified emergency physician. The department may establish additional qualifications for the position of regional medical director by regulation. The duties and responsibilities of each regional medical director shall be, under the general direction and oversight of the state medical director, to:

(1) provide clinical oversight for the region's emergency medical services system assuring that adequate and appropriate attention is paid to the special needs of children and other special populations;

(2) advise the regional EMS council on clinical standards and protocols, including, without limitation, qualifications of EMS personnel to operate under medical direction and statewide on-line and off-line pre-hospital treatment protocols;

(3) establish and lead continuous quality improvement system for the clinical aspects of the region's EMS system, including, without limitation, a system of case reviews to be conducted by medical peer review committees established for the purpose of reviewing EMS;

(4) provide other related services as may be required by the council, from time to time.

Section 13. (a) There shall be within the department an EMS system advisory board, consisting of the commissioner or his designee, as chairman; the state medical director, or his designee; the regional director of each regional emergency medical services council, or his designee; the medical director, of each regional EMS council, or his designee; the registrar of motor vehicles, or his designee; the commissioner of public safety, or his designee; and 27 members appointed by the commissioner, or their designees, as follows: one each from the Massachusetts Medical Society, the Massachusetts Chapter of the American College of Surgeons, the Massachusetts Heart Association, the Massachusetts Nurses Association, the American Red Cross, the Massachusetts Chiefs of Police Association, the Massachusetts Police Association, the Massachusetts Fire Chiefs Association, the Professional Fire Fighters of Massachusetts, the Massachusetts Call/Volunteer Firefighters Association, Massachusetts Hospital Association, Massachusetts Chapter of Emergency Nurses Association, Massachusetts Chapter of the American College of Emergency Physicians, the Massachusetts Council of Community Hospitals, the Massachusetts Association

of Emergency Medical Technicians, the Massachusetts Ambulance Association, the Massachusetts Association of Hospital-Based Paramedic Services, the International Association of EMTs & Paramedics, and the Massachusetts Association of Health Maintenance Organizations; one from the volunteer ambulance associations; a representative of the Governors Highway Safety Bureau; a representative of the statewide emergency telecommunications board; one person who shall be an expert in EMS for children; one person who shall be an attorney; and three who shall be consumers representative of all regions of the state, to the extent feasible. Each appointed member of the board shall serve a term of three years, or until his successor is appointed and qualified. Appointees shall serve without compensation.

(b) The board, in addition to other powers conferred in this chapter, including, without limitation, in subsection (c) of section 3, and in addition to functioning in a general advisory capacity, shall assist in coordinating the efforts of all persons and agencies in the state concerned with the EMS system, and shall render advice on the development of the EMS system where needed. The board shall make an annual report to the commissioner on or before June 30. There shall be established by the department committees advisory to the board, including, without limitation, a trauma systems committee. The trauma systems committee shall be chaired by the commissioner or his designee and shall be composed of an equitable balance of individuals, each identified as representing (1) regional EMS councils, (2) trauma centers, and (3) community hospitals. Other committees may be established and constituted by the board, in its discretion.

Section 14. The department shall establish and implement procedures for the making, transmission and investigation of complaints concerning any person certified, licensed, designated or otherwise approved by the department under this chapter. The department shall prepare, and make available upon request, a description of such procedures, and it shall, as the public interest may require, investigate every complaint received, except to the extent that the act or practice complained of does not constitute a violation of this chapter or any regulation, guideline or order under this chapter. The department shall refer complaints to other agencies and organizations, as appropriate. Upon investigation the department shall notify the complainant, if known, of its action in the matter. If it finds that an investigation is not required, it shall notify the complainant, if known, of its finding and with its reason.

Section 15. (a) Whenever the department finds upon inspection or through information in its possession, that any person certified, licensed, designated or otherwise approved by the department under this chapter is not in compliance with a requirement established under this chapter, the department may order such person to correct such deficiency. Every such correction order shall include a statement of each deficiency found, the period prescribed within which each such deficiency shall be corrected, and the provisions of law relied upon.

The period prescribed shall be reasonable under the circumstances. In the case of a deficiency identified in the course of an inspection or investigation, which endangers the public health and safety, the department or its agent may, immediately upon such inspection or investigation, suspend a certificate, license, designation, or other approval, effective immediately. A hearing on such suspension shall be governed by the relevant procedures set forth in and pursuant to section 16. With respect to orders other than immediate suspensions, within seven days of receipt, the affected person may file a written request with the department for administrative reconsideration of the order or any portion thereof. Failure of the department to grant, deny, or otherwise act upon a written

request within seven days of filing shall be deemed a denial of such request.

(b) The department may assess a person ordered to correct a deficiency not more than \$500 for each deficiency for each day the deficiency continues to exist beyond the date prescribed for correction. Before making an assessment, the department shall give the affected person notice of the matters alleged and the provisions of law relied upon and shall accord such person an opportunity for a hearing upon timely written request. If after hearing, or waiver thereof, the department determines that cause exists, it shall make an appropriate assessment. The affected person shall pay such assessment except to the extent that, upon judicial review, the reviewing court may reverse the final decision of the department.

(c) An assessment made under this section shall be due and payable to the commonwealth on the thirtieth day after notification to the affected licensee. The attorney general shall recover any assessment due and payable in an action of contract, or any other appropriate action, suit or proceeding, brought in the name of the commonwealth in the superior court. Upon the motion of the attorney general, such court may consolidate for hearing and decision a judicial review proceeding and an assessment collection proceeding if the proceedings result from the same administrative action.

Section 16. The department may, after hearing or waiver thereof, revoke or refuse to renew a certification, certificate of inspection, license, designation or other approval for failure to perform such requirements as set forth in such certificate, license, designation, or other approval, for violation of any applicable requirement prescribed under this chapter, for violation of a correction order, or for engaging in, or for aiding, abetting, causing, or permitting, any act prohibited under this chapter or under any other general or special law or other applicable legal requirement related to the operation of any element of the EMS system. The commissioner may without hearing, suspend a certification, certificate of inspection, license, designation or other approval held by any person if he finds that such person is acting pursuant to such certification, operating or maintaining an EMS vehicle subject to such certificate of inspection, maintaining a service subject to such license, or acting pursuant to any designation or other approval, in a manner which endangers the public health or safety; provided, however, that in every case of suspension the person certified, licensed, designated or otherwise approved by the department under this chapter shall be promptly afforded an opportunity for a hearing under this section. If after any hearing hereunder concerning a certification, license, designation or other approval, the department determines that cause exists, instead of revoking or refusing to renew such certification, license, designation or other approval, the department may issue an order modifying the certification, license, designation or other approval if it finds that the public interest would be better served by such action. No certificate of inspection under a license shall continue in force after the department has suspended, revoked or refused to renew such license.

Section 17. The parent or guardian of an injured or sick child who is to be transported to a hospital or other medical treatment facility by an ambulance shall be allowed to accompany such child upon such parent's or guardian's request, unless the emergency medical technician in charge determines that the medical situation is life threatening or that the presence of a parent or guardian would create a potential risk to such child. Such determination shall be noted in the written report of said emergency medical technician and a copy of such report shall be sent to such parent or guardian within 30 days of such determination.

Section 18. Subject to regulations and guidelines promulgated by the department, an emergency medical technician may restrain a patient who presents an immediate or serious threat of bodily harm to himself or others. Any such restraint shall be noted in the written report of said emergency medical technician.

Section 19. (a) No person shall:

(1) establish or maintain an EMS first response service or an ambulance service or hold itself out as an EMS first response service or an ambulance service without a valid license or in violation of the terms of a valid license;

(2) operate, maintain or otherwise use or hold out any aircraft, boat, motor vehicle, or other means of transportation as an EMS vehicle without a valid certificate of inspection;

(3) provide EMS or hold oneself out as, or use the title of EMS first responder, emergency medical technician, or paramedic or the acronym EMT or any other title or acronym used by the department in the certification of emergency medical services personnel under this chapter, in violation of section 9, or other than on behalf of an EMS first response service or an ambulance service or other EMS provider duly licensed or otherwise approved under this chapter;

(4) establish or maintain a trauma center, a service zone provider, or any other entity, service or operation requiring designation or approval under this chapter, or hold itself out as such without a valid designation or approval under this chapter;

(5) obstruct, bar or otherwise interfere with an inspection or investigation undertaken under authority of this chapter;

(6) knowingly make an omission of a material fact or a false statement in any application or other document filed with the department; or

(7) violate or fail to observe any requirement of this chapter, or of any regulation, guideline or order under this chapter.

(b) Whoever engages in, aids, abets, causes or permits any act prohibited under this section shall be punished by a fine of not less than \$100 and not more than \$1,000 for each offense. A separate and distinct offense shall be deemed to have been committed on each day during which any prohibited act continues after written notice by the department to the offender. The commissioner shall report each suspected offense to the attorney general for investigation and prosecution.

Section 20. No physician duly registered under section 2/a>, 2A, or 9 of chapter 112, and no nurse duly registered under section 74 or section 76 of said chapter 112, and no hospital shall be liable in a suit for damages as a result of acts or omissions related to advice, consultation or orders given in good faith to emergency medical services personnel who are qualified under section 9 and are acting on behalf of a service duly licensed under section 6, by radio, telephone or other remote means of communication and prior to arrival of the patient at the hospital or other health care facility from which the emergency communication to the EMS personnel is made, nor shall any such EMS personnel be liable in a suit for damages as a result of their acts or omissions based upon such advice, consultation or orders by remote communication, if the such acts or omissions were made in good faith, nor shall any physician be liable in a suit for damages as

a result of acts or omissions relating to the discharge of duties under this chapter, including, without limitation, duties as a medical director at the state or regional level, if such acts or omissions were made in good faith.

Section 21. No EMS personnel certified, accredited or otherwise approved under this chapter, and no additional personnel certified or authorized under section 9, who in the performance of their duties and in good faith render emergency first aid, cardiopulmonary resuscitation, transportation, or other EMS, to an injured person or to a person incapacitated by illness shall be personally liable as a result of rendering such aid or services or, in the case of an emergency medical technician or additional personnel, as a result of transporting such person to a hospital or other health care facility, nor shall they be liable to a hospital for its expenses if, under emergency conditions, they cause the admission of such person to said hospital.

Section 22. The commissioner may waive any provision of the regulations and guidelines promulgated under this chapter, subject to such terms and conditions as he may impose; provided, however, that no waiver may issue unless the commissioner has determined that such waiver (a) will result in improved quality or accessibility of EMS, (b) is in the public interest and (c) will not endanger public health or safety.

Section 23. Any person subject to an action by the department to revoke, suspend, deny or take any other action with respect to any license, certification, designation or any other approval under this chapter shall, upon the filing of a written request with the department, be afforded an adjudicatory hearing pursuant to chapter 30A.

Section 24. Distribution and use of funds, if any, by regional councils shall be governed by rules and regulations promulgated by the department with the advice of the EMS system advisory board. Such rules and regulations shall recognize the following goals and objectives for the use and disbursement of such funds:

- (1) maintenance and operation of regional emergency medical services councils;
- (2) maintenance and operation of regional communication centers; and
- (3) training of EMS personnel, such training to be interpreted to include initial training and recertification.

SECTION 4. Section 1 of chapter 111 of the General Laws, as appearing in the 1998 Official Edition, is hereby amended by inserting after the word "organization", in line 39, the following words:- or a committee of physicians established pursuant to section 12 of chapter 111C for the purposes set forth in subsection (f) of section 203.

SECTION 5. Section 70 of said chapter 111, as so appearing, is hereby amended by inserting after the word "notes", in line 4, the following words:- and, in the case of a patient brought to a hospital by an ambulance service licensed pursuant to chapter 111C, a copy of the call summary set forth in paragraph (15) of subsection (b) of section 3 of said chapter 111C.

SECTION 6. Section 203 of said chapter 111, as so appearing, is hereby amended by adding the following subsection:-

- (f) Every service, EMS first responder, emergency medical technician, every trauma center and regional EMS council licensed, certified or designated pursuant

to chapter 111C, every physician providing medical direction under said chapter and every hospital affiliated with any such service shall participate in continuous quality improvement programs established under chapter 111C by the state medical director or by a regional medical director and conducted under said chapter by a medical peer review committee to review and evaluate the necessity, quality and effectiveness of the emergency medical care and specialty care services, including, without limitation, trauma care services in the commonwealth.

SECTION 7. Section 204 of said chapter 111, as so appearing, is hereby amended by inserting after the word "psychology", in lines 6, 9 and in lines 25 and 26, in each instance, the following words:- or by the department of public health pursuant to chapter 111C.

SECTION 8. The provisions of chapter 111C of the General Laws, inserted by section 3 of this act, to the extent that they impose obligations on the regional EMS councils, are subject to appropriation. The department of public health shall submit to the house and senate committees on ways and means an estimate of the cost of implementing such provisions as they relate to the regional EMS councils, and an estimate of the annual appropriations required to support the activities specified in such provisions.

SECTION 9. The department of public health shall annually, on or before March 1, file with the house and senate committees on ways and means a report of the activities over the preceding year pursuant to chapter 111C of the General Laws, inserted by section 3 of this act, and shall include therein a statement of the cost of implementing said chapter to date and projected appropriation required to support such activities in the next succeeding fiscal year.

SECTION 10. The state EMS plan required under paragraph (6) of subsection (b) of section 3 of chapter 111C of the General Laws, inserted by section 3 of this act, shall be completed no later than 15 months after the effective date of sections 2 to 10, inclusive.

SECTION 11. The department shall promulgate its initial rules and regulations to carry out the provisions of this act not later than 180 days after passage of this act. The advisory board, as existing under section 7 of chapter 111C of the General Laws on the effective date of this act, shall be provided a reasonable opportunity to review and make recommendations on said initial rules and regulations.

SECTION 12. Sections 2 to 10, inclusive, shall take effect 180 days after passage of this act.

Approved March 30, 2000.